

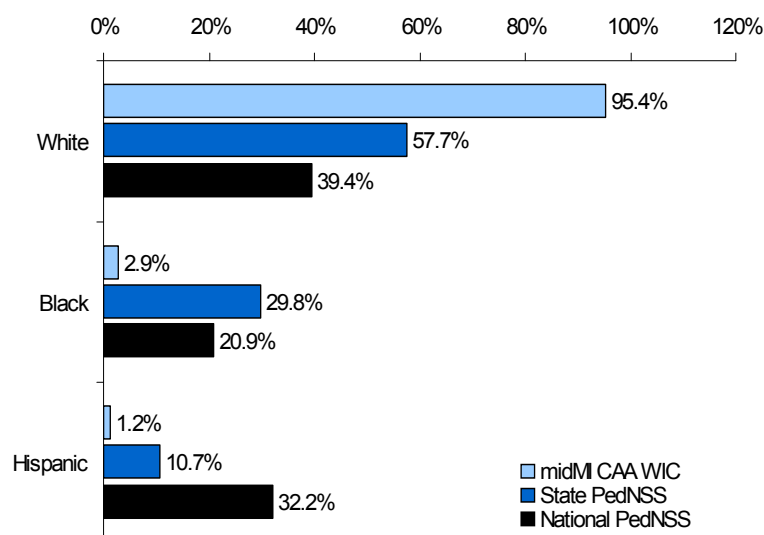
2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

The goal of Michigan WIC is to improve the health outcome of low income nutritionally at-risk women and children by providing supplemental nutritious foods, offering nutrition education/counseling, breastfeeding support, and referral to other health and social services. This report is developed to provide specific local information regarding the health and nutritional status of WIC participants. In order to provide local statistics stratified by age and race/ethnicity, three-year averages were calculated for each health indicator. Consequently, point estimates represent the incidence or prevalence of an indicator between the years 2001 and 2003. Trends were constructed using rolling averages and cover the period between 1998 and 2003.

Mid-Michigan Community Action Agency (mid-MI CAA) is the sole provider of WIC services in Midland County. According to the 2000 U.S Census, there were 5,034 infants and children under the age of five years old in Midland County. Approximately 12.4% of residents under the age of five years old lived below poverty. In 2003, mid-MI CAA serves approximately 1,649 of infants and children participating in Michigan WIC. Data about WIC participants in mid-MI CAA in the Pediatric Nutritional Surveillance System (PedNSS) revealed:

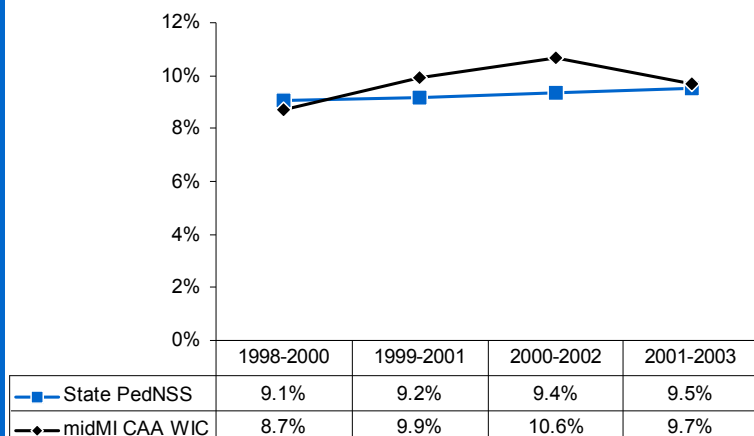
- 9.7% of infants were low birthweight and an additional 9.0% were high birthweight;
- Over one in ten infants and children (11.5%) under the age of two years old were short in stature;
- Less than 5% of infants and children under five years old were underweight;
- 28.0% of children two to five years old were either overweight or at risk of overweight;
- 15.8% of infants and children under the age of two years old had iron deficiency anemia;
- Over half (64.2%) of infants were ever breastfed.

Figure 1. **Racial/ethnic distribution** among infants and children under five years old, 2001-2003 PedNSS



The vast majority (95.4%) of mid-MI CAA infants and children under five years old were non-Hispanic White. Consequently, this report will not show statistics for health/nutritional indicators stratified by race/ethnicity.

Figure 2. Local and state trends in **low birthweight*** among infants in the mid-MI CAA WIC agency, 1998-2003 MI PedNSS



Since 1998 the incidence of low birthweight in mid-MI CAA had increased, on average, by 4.2% per year.

*Low birthweight is defined as having a birthweight less than 2500 grams (5lbs 9 oz) regardless of gestational age.

Figure 3. Local and state trends in **ever breastfed** among infants in mid-MI CAA WIC agency, 1998-2003 PedNSS

Both the trend in infants ever breastfed in mid-MI CAA WIC and the state WIC had increased by approximately 2.5% annually since 1998.

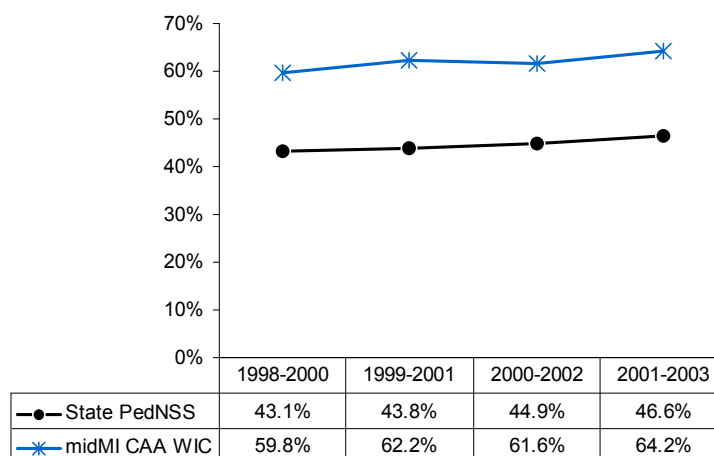
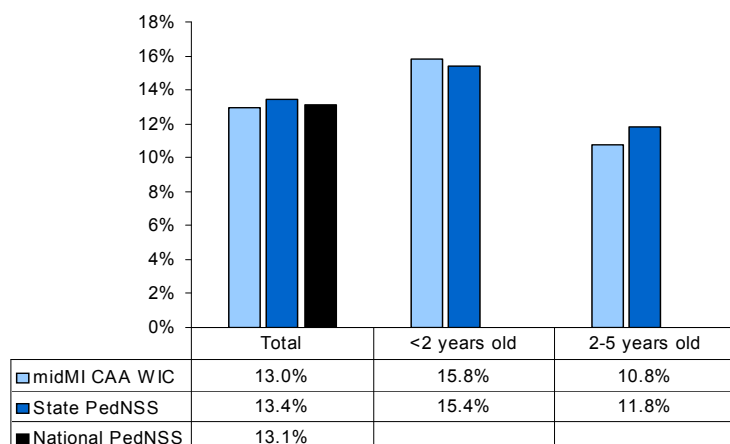


Figure 4. Average prevalence of **iron deficiency anemia*** by age among infants and children under five years old, 2001-2003 PedNSS

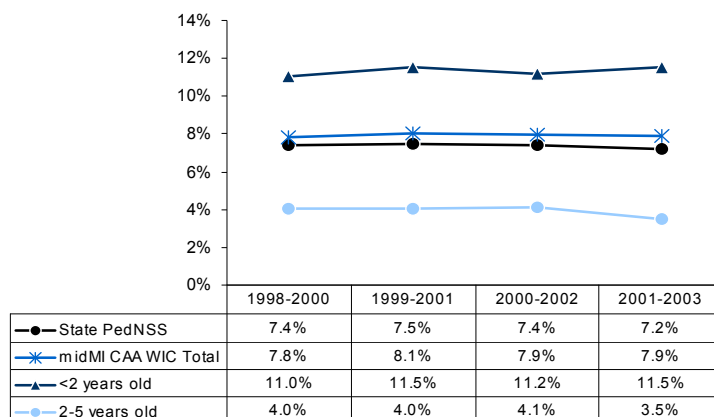


The prevalence of iron deficiency anemia were nearly equivalent between local, state and national PedNSS infants and children.

*For infants under the age of one year, iron deficiency anemia is defined as having either a hemoglobin concentration of 11.0 g/dL or a hematocrit level of less than 33%. For children two to five years old, iron deficiency anemia is defined as having either a hemoglobin concentration less than 11.1 g/dL or a hematocrit level below 33.3%.

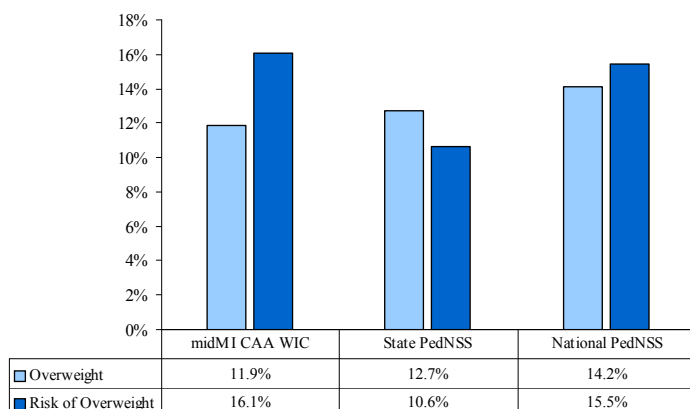
The overall prevalence of short stature in mid-MI CAA WIC infants and children under five years old was slight above that of state WIC participants since 1998.

Figure 5. Trend in **short stature*** by age group among infants and children under five years old, 1998-2003 MI PedNSS



*Short stature is defined as having a height-for-age below the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Figure 6. State and local average prevalences of **overweight*** and **risk of overweight**** among children two to five years old, 2001-2003 PedNSS



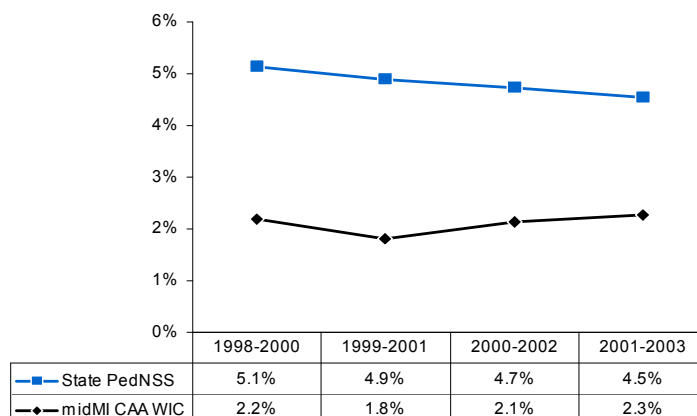
The prevalence of overweight was lowest for WIC children of mid-MI CAA compared to their state and national peers. The risk of overweight, however, was higher for participants mid-MI CAA versus state and national WIC infants and children.

*Overweight is defined as having a weight-for-height greater than the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

**Risk of overweight is defined as having a weight-for-height between the 85th and the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

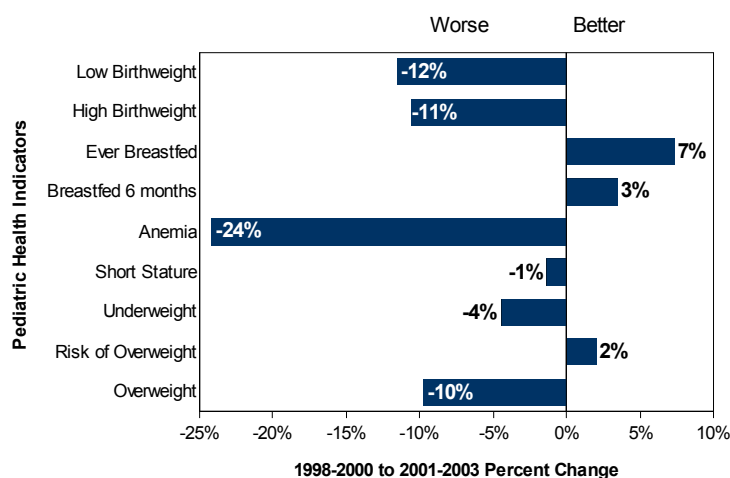
The prevalence of underweight among mid-MI CAA infants and children under five years old were consistently lower compared to their state peers.

Figure 7. State and local trend in **underweight*** among infants and children under five years old, 1998-2003 MI PedNSS



*Underweight is defined as having a weight-for-height less than the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Figure 8. Pediatric **health progress review** for mid-MI CAA WIC infants and children under five years old, 1998-2000 and 2001-2003 MI PedNSS



Improvement are necessary in the areas of birthweight, weight, and iron deficiency anemia in mid-MI CAA.



Jennifer M. Granholm, Governor

Janet Olszewski, Director

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Michigan Department of Community Health

WIC Program

Mission Statement

The mission of the Michigan WIC program is to improve the health outcomes and quality of life for eligible women, infants, and children by providing nutritious food, nutrition education, breastfeeding promotion, and support and referrals to health and other services. To this end:

- Delivery of services and supports are to be provided in a caring, respectful, efficient, and cost effective manner.
- Delivery of services shall be provided in a culturally competent and confidential manner.
- The WIC Program shall assure the broadest possible access to services, supports, and food.